HIP Enhanced Health Benefits

SCHEDULE OF BENEFITS - EFFECTIVE 1ST SEPTEMBER, 2023

Cover available for full-time Employees (from age 19) and their Non-working Spouse only.

Medical Benefits covered in Bermuda

Standard Health Benefits (SHB)
Claim reimbursement will be considered for services laim reimbursement will be considered for services incurred at a Bermuda Hospital Board facility, which are not covered under the SHB, as regulated by The Act, Bermuda Health Council, and/or the Bermuda Government fee schedule, whichever is applicable. For services outside of Bermuda Hospital Board facilities, please visit www.bhec.bm for a full listing of SHB eligible providers and services under the law.

Specialists & Physicians (Non-SHB)......... In hospital/per admission
Surgery.................. $2,167
Anesthetist.................. $1,200
Internal Medicine.................. $1,684
Hospital Visit GP.................. $812
Obstetrician.................. $3,528
Caesarean Delivery.................. $6,990.12
SVD (Vaginal) Care/Delivery.................. $6,302.83
Caesarean Delivery On-Call Doctor.................. $2,788.24
SVD fee for on call Delivery.................. $2,467.29
Suction D&C (TOP).................. $838.27
Specialist.................. $1,029

Doctor's Visits
GP Office visit (max 12/year).................. $75
Home Visit.................. $128
Pre-admission consultation.................. $100
Specialist Initial (max 2/year) Must be referred by GP...... $170
Specialist follow-up (max 3/year).................. $75

Prescription Drugs (by reimbursement only)
Generic or Brand Name annual maximum.................. $10,000
Reimbursed at 70% up to annual max.
Note: Prior approval for singular prescriptions, $2,000 or more, is required. CG Insurance will have the local pharmacy who submits the lowest quote fulfill the prescription.

Air Ambulance.................. $25,000

Home Health Care
Specific requirements must be met.......... annual max $60,000
Registered Nurse (max 12/year).................. $75/visit
Personal care-giving.................. $15/hour or $2,610/month
Skilled caregiver.................. $25/hour or $1,525
Adult day care.................. $200/week or $867/month

Home Medical Services (SHB)
For SHB services as approved by BHeC: home nursing services, IV meds for infusion, palliative care, medical nutrition therapy

Wellness Benefits (max 6 visits/year).................. $35/80%
Must be diagnosed with chronic disease. HID approved programs only, e.g. asthma, nutrition, diabetes, fall prevention, smoking cessation counselling

Specialist Services for medically necessary procedures.... $1,000

Diagnostic Imaging.................. As per fee schedule
Mammography, bone density, MRI, lab services, cardiac investigations

Artificial limbs/appliances (SHB)........ lifetime max $100,000

Kidney transplant (SHB).................. lifetime max $200,000

Dialysis (SHB)
Haemodialysis.................. $11,284/month
Peritoneal dialysis.................. $308/day or $9,368/month

Radiation.................. 100%

Dental Benefits (Basic).................. as per fee schedule

Medical Benefits covered Overseas

In Network care.................. 60%

Out of Network care.................. 40%

All overseas procedures and treatments require prior approval and must be medically necessary and not available in Bermuda.

Elective treatments, second opinions and experimental treatments are not covered.

Exclusions to the Whole Policy

1. Cosmetic or plastic surgery unless necessary to correct traumatic injury.
2. Long-term custodial care in a nursing home.
3. Eye or ear examination to fit eyeglasses or hearing aid, except in cases of injury or damage to eye or ear.
4. Medications taken home from hospital.
5. Diagnostic services performed to satisfy the requirements of third parties.
6. Visits solely for the administration of drugs, vaccines, sera or biological products.
7. Transportation or travel (other than local emergency ambulance service), airfare and hotel costs for overseas care.
8. Medical treatment in hospital that could be provided in a doctor's office during normal business hours.
9. Treatment given or hospital facilities used that have not been prescribed by a registered practitioner, unless certified as urgent and necessary by a medical officer at the local hospital.
10. Claims from medical providers or individuals must be submitted within 12 months of the treatment date, otherwise the claim are expired and will be rejected.

CG | INSURANCE

Coralisle Medical Insurance Company Ltd. Jardine House, 33-35 Reid Street, Hamilton HM 12, Bermuda
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Rev. 01-25

HIP Dental Benefits

SCHEDULE OF BENEFITS - EFFECTIVE 1ST AUGUST, 2019

THE DENTAL PLAN

Dental Benefits are paid in accordance with the Ontario Dental Association Fee Schedule. Any amounts charged above and beyond these rates are the responsibility of the Insured. Please refer to the plan documents for full details, including exclusions and limitations that might affect benefits.

Dental Benefits	% Payable
Preventative Oral examinations - 2 exams per year Dental cleanings - 2 cleanings per year Polishing & Scaling - 1 unit of time every 6 months under age 44/ 1 unit of time every 4 months age 45 and over Bitewing X-rays - 2 X-rays per year Full mouth X-rays - 1 X-ray every 36 months Panoramic X-rays - 1 X-ray every 36 months Other X-rays	75%
Basic Dental Fillings, Stainless steel crowns Extractions, Oral surgery, Denture relining	75%

Exclusions: Fluoride Treatments, Sealants, Space maintainers, Periodontics, Periodontal Prophlyaxis, Root Canals, Anesthesia, Major dental (onlay/inlay/gold restorations, Permanent crowns, Dentures, Bridgework, TMJ treatment, Dental implants), Orthodontia (braces and harmful habit appliances).

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